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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	William First name N. Middle name Bird Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have		
۷.	used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7482	

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Document Case number (if known) Debtor 1 William N. Bird

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	436 Pine Ave.	If Debtor 2 lives at a different address:			
		Wood Dale, IL 60191 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		DuPage County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Document Case number (if known) Debtor 1 William N. Bird

art	Tell the Court About	Your Bank	ruptcy C	ase			
	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.					
	choosing to file under	■ Chapt	er 7				
		☐ Chapt	er 11				
		☐ Chapt					
		☐ Chapt					
		,					
	How you will pay the fee	abo ord	out how your er. If your	ou may pay. Typical	ly, if you are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with	
						on, sign and attach the Application for Individuals to Pay	
			•	ee in Installments (C at my fee be waive	,	n only if you are filing for Chapter 7. By law, a judge may,	
		but app	is not red lies to yo	quired to, waive your our family size and yo	fee, and may do so only if yo ou are unable to pay the fee ir	ur income is less than 150% of the official poverty line that in installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.	
•	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
0.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.					
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
1.	Do you rent your residence?	□ No.	Go to	line 12.			
	rodiudilod :	Yes.	Has yo	our landlord obtaine	d an eviction judgment agains	t you?	
				No. Go to line 12.			
				Yes. Fill out <i>Initial</i> bankruptcy petition		Judgment Against You (Form 101A) and file it with this	

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Case number (if known) Debtor 1 William N. Bird Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is

property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 William N. Bird

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 Desc Main 8/20/18 2:58PM Page 6 of 51 Document Case number (if known) Debtor 1 William N. Bird Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

William N. Bird Signature of Debtor 1	Signature of Debtor 2	
Executed on August 20, 2018 MM / DD / YYYY	Executed on MM / DD / YYYY	

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ David M. Siegel	Date	August 20, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
David M. Siegel		
Printed name		
David M. Siegel & Associates		
Firm name		
790 Chaddick Drive		
Wheeling, IL 60090		
Number, Street, City, State & ZIP Code		
Contact phone (847) 520-8100	Email address	
#06207611 IL		
Bar number & State		

Fill in this information to identify your case:

Debtor 1

William N. Bird
First Name
Middle Name
Last Name

Debtor 2
(Spouse if, filing)
First Name
Middle Name
Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

☐ Check if this is an amended filing

Official Form 106Sum

Case number (if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	ssets of what you own
		7 41.40	at you our.
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	4,500.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	4,500.00
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	42,203.00
	Your total liabilities	\$	42,203.00
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)	\$	1,738.00
	Copy your combined monthly income from line 12 of Schedule I	Ψ	
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,275.00
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal,	family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Debtor 1 William N. Bird

From Bort 4 on Schodule E/E convethe following:	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Desc Main Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 8/20/18 2:58PM Document Page 10 of 51 Fill in this information to identify your case and this filing: Debtor 1 William N. Bird First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Hyundai 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Santa Fe Creditors Who Have Claims Secured by Property. ■ Debtor 1 only Model: 2004 Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another \$1,500.00 \$1,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1.500.00 pages you have attached for Part 2. Write that number here.......>>

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own? Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

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Debtor 1	William N. Bird	Docume	J IIL	Page 11 of 51 Case num	ber (if known)	
Yes.	Describe					
	Househ	nold Goods and Furnitur	re			\$1,200.00
□ No	les: Televisions and radios; including cell phones, ca	ameras, media players, game		nent; computers, printers, scan	ners; music o	
	IV & EI	lectronics				\$200.00
Examp ■ No	ibles of value les: Antiques and figurines; pother collections, memo		work; boo	ks, pictures, or other art objects	; stamp, coin	, or baseball card collections;
Examp ■ No	nent for sports and hobbies les: Sports, photographic, ex musical instruments	s xercise, and other hobby equi	ipment; b	icycles, pool tables, golf clubs,	skis; canoes	and kayaks; carpentry tools;
■ No		s, ammunition, and related eq	quipment			
□ No		, leather coats, designer wear	r, shoes,	accessories		
	Normal	Apparel				\$500.00
■ No □ Yes. 13. Non-fa Exam ■ No			ngs, wedd	ng rings, heirloom jewelry, wat	ches, gems,	gold, silver
■ No	ther personal and househo		dy list, in	cluding any health aids you c	lid not list	
		our entries from Part 3, incluere		y entries for pages you have	attached	\$1,900.00
	escribe Your Financial Assets					
Do you o	wn or have any legal or eq	uitable interest in any of the	e followi	ng?		Current value of the portion you own? Do not deduct secured claims or exemptions.

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Case number (if known) Document Debtor 1 William N. Bird 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes. 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking Account TCF Bank \$1,100,00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes.....

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

■ No

☐ Yes. Give specific information about them...

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Case number (if known) Document Debtor 1 William N. Bird 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No

☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,100.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

page 4

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Case number (if known) Document Debtor 1 William N. Bird Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00

List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$1.500.00 57. Part 3: Total personal and household items, line 15 \$1,900.00 Part 4: Total financial assets, line 36 \$1,100.00 58. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 \$0.00 61. Total personal property. Add lines 56 through 61... \$4,500.00 \$4,500.00 Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$4,500.00

		Docume	ni Page 15 orsi	
Fill in this infor	mation to identify your	case:		
Debtor 1	William N. Bird			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				☐ Check if this is an
				amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Proper	y You Claim as Exempt
-----------------------------	-----------------------

1.	Which set of exemptions are	you claiming?	Check one only.	even if your s	pouse is filing	with yo	эu

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2004 Hyundai Santa Fe Line from Schedule A/B: 3.1	\$1,500.00		\$2,400.00	735 ILCS 5/12-1001(c)
Ellie Holli Genedale PVD. G.1			100% of fair market value, up to any applicable statutory limit	
Household Goods and Furniture Line from Schedule A/B: 6.1	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(b)
Line Holli Schedule PAB. 0.1			100% of fair market value, up to any applicable statutory limit	
TV & Electronics Line from Schedule A/B: 7.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Ellie Holli Genedale PVB.			100% of fair market value, up to any applicable statutory limit	
Normal Apparel Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
Line Ironi Schedule PAB. 11.1			100% of fair market value, up to any applicable statutory limit	
Checking Account: TCF Bank Line from Schedule A/B: 17.1	\$1,100.00		\$1,100.00	735 ILCS 5/12-1001(b)
Line nom <i>Schedule Avb.</i> 11.1			100% of fair market value, up to any applicable statutory limit	

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Debtor 1 William N. Bird

No

Description of More than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

	,	padjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.			
	No				
Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed the					
		No			
		Yes			

Fill in this infor	mation to identify your	case:		
Debtor 1	William N. Bird			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this
				amended fili

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Desc Main Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 Document Page 18 of 51 Fill in this information to identify your case: Debtor 1 William N. Bird First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount amount 2.1 Tracey L. Rytina Last 4 digits of account number \$0.00 \$0.00 \$0.00 Priority Creditor's Name 21613 W. Engle Drive When was the debt incurred? Lake Villa, IL 60046 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Domestic support obligations ☐ Check if this claim is for a community debt ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes **NOTICE ONLY** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? \square No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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4.1	ABBHH Outpatient Group Patrice	Last 4 digits of account number 6992	\$35.00
	Nonpriority Creditor's Name 1786 Moon Lake Blvd Hoffman Estates, IL 60169-5029	When was the debt incurred? 2/16/16 - 4/17/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
4.2	Adventist Glenoaks Hospital	Last 4 digits of account number 6863	\$981.00
	Nonpriority Creditor's Name PO Box 9247	When was the debt incurred? 2/18/16	
	Oakbrook, IL 60522-9247 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical	
4.3	Alliance Labortory Physicians Ltd Nonpriority Creditor's Name	Last 4 digits of account number 4901	\$0.00
	PO Box 5968 Carol Stream, IL 60197-5968	When was the debt incurred? 2/17/16	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify NOTICE ONLY	

Debtor 1 William N. Bird

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Document Page 20 of 51 Debtor 1 William N. Bird Case number (if know) 4.4 \$951.00 AT&T Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? 5407 Andrew Highway Midland, TX 79706 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify Collections ☐ Yes 4.5 **Capital One** 1174 \$3,005.00 Last 4 digits of account number Nonpriority Creditor's Name Bankruptcy Dept. When was the debt incurred? 2015 - 2017 PO Box 30281 Salt Lake City, UT 84130-0281 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other. Specify 4.6 Center For Adult Healthcare, SC Last 4 digits of account number 4922 \$1,225.00 Nonpriority Creditor's Name PO Box 6365 When was the debt incurred? 2/18/16 Bloomingdale, IL 60108 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent □ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed

debt

No ☐ Yes Type of NONPRIORITY unsecured claim:

Medical

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

report as priority claims

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Debto	or 1 William N. Bird	Document Page 2	1 of 51 Case number (if know)	8/20/18 2:58PM	
4.7	Discover Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	0854	\$24,199.00	
	PO Box 15316	When was the debt incurred?	2015 - 2017		
	Wilmington, DE 19850 Number Street City State Zlp Code	As of the date you file, the claim	As of the date you file, the claim is: Check all that apply		
	Who incurred the debt? Check one.	• • • • • • • • • • • • • • • • • • • •			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	☐ Yes	Other. Specify Purchases			
4.8	Edward Hines Jr. VA Hospital	Last 4 digits of account number		\$6,146.00	
	Nonpriority Creditor's Name PO Box 5000-136C Hines, IL 60141-1489	When was the debt incurred?			
	Number Street City State Zlp Code	As of the date you file, the claim			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts		
	Yes	Other. Specify Medical			
4.9	Elk Grove Radiology S.C.	Last 4 digits of account number	891A	\$267.00	
	Nonpriority Creditor's Name		0/0/47 4/0047		
	PO Box 4543 Carol Stream, IL 60197-4543	When was the debt incurred?	2/3/17 - 4/2817		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure			
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		

■ No
□ Yes

■ Other. Specify Medical

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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Case number (if know)

Debtor 1 William N. Bird 4.1 \$100.00 Fifth Third Bank 7434 Last 4 digits of account number 0 Nonpriority Creditor's Name 38 Fountain Square Plaza When was the debt incurred? 3/4/16 MD 1 Com 64 Cincinnati, OH 45263-0001 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Bank Fees 4.1 **HCFS Healthcare Financial Service** 8022 \$1,309.00 Last 4 digits of account number Nonpriority Creditor's Name 3429 Regal Dr. 2016 - 2017 When was the debt incurred? Alcoa, TN 37701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical 4.1 Life Storage #548 e242 \$724.00 Last 4 digits of account number 2 Nonpriority Creditor's Name 2301 W. Algonquin Rd. When was the debt incurred? 12/1/16 - 2/9/17 Algonquin, IL 60102 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Fees

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4.1	Midwest Emergency Associaties	Last 4 digits of account number	8635	\$181.00		
3	Nonpriority Creditor's Name	Last 4 digits of account number		Ψ1011.00		
	c/o ARS PO Box 459079	When was the debt incurred?	2/17 - 5/17			
	Sunrise, FL 33345-9079					
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply			
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:			
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	<u> </u>			
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts			
	Yes	Other. Specify Collections				
4.1	Sassetti LLC			\$175.00		
4	Nonpriority Creditor's Name	Last 4 digits of account number		\$175.00		
	6611 W. North Ave. Ste. 105	When was the debt incurred?				
	Oak Park, IL 60302					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:			
	☐ Check if this claim is for a community	☐ Student loans				
	debt		ration agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims				
	■ No	Debts to pension or profit-sharing				
	Yes	Other. Specify Services				
4.1	St. Alexius Medical Center	Last 4 digits of account number	8902	\$796.00		
	Nonpriority Creditor's Name 1555 N. Barrington Rd.	When was the debt incurred?	2/17/16			
	Hoffman Estates, IL 60169		e. Charle all that analy			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 1 and Debtor 2 only	☐ Debtor 2 only ☐ Unliquidated ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure				
	☐ At least one of the deptors and another ☐ Check if this claim is for a community					
	debt	☐ Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Medical				

Debtor 1 William N. Bird Document Page 24

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4.1 6	United Recovery Service, LLC	Last 4 digits of account numbe	, 9005	\$1,240.00				
<u> </u>	Nonpriority Creditor's Name 18525 Torrence Ave., Ste. C-6	When was the debt incurred?	2/18/16					
	Lansing, IL 60438 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clair	n is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt	Obligations arising out of a se	paration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	, a a a a a a a a a a a a a a a a a a a					
	■ No	Debts to pension or profit-sha	ring plans, and other similar debts					
	□Yes	Other. Specify Services						
4.1	Village of Roselle	Last 4 digits of account numbe	3784	\$869.00				
	Nonpriority Creditor's Name PO Box 1368 Elmhurst, IL 60126	When was the debt incurred?	2/17 - 4/17					
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the clair	n is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
	☐ Check if this claim is for a community	☐ Student loans	☐ Student loans					
	debt	☐ Obligations arising out of a se	paration agreement or divorce that you did not					
	Is the claim subject to offset?	report as priority claims	• • •					
	No	\square Debts to pension or profit-sharing plans, and other similar debts						
	Yes	Other. Specify Medical						
Part :	3: List Others to Be Notified About a De	ebt That You Already Listed						
is tr have noti	this page only if you have others to be notified ying to collect from you for a debt you owe to s e more than one creditor for any of the debts th fied for any debts in Parts 1 or 2, do not fill out	comeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1 or 2, then list the collection agency ditional creditors here. If you do not have add	here. Similarly, if you				
	and Address ian Brothers Medical Center	On which entry in Part 1 or Part 2 did you Line 4.11 of (<i>Check one</i>):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Clai	me				
	Biesterfield Rd.		Part 2: Creditors with Nonpriority Unsecured					
Elk (Grove Village, IL 60007	Last 4 digits of account number	- Part 2. Creditors with Northhority Orisecured	Cidiffis				
Name ERC	and Address	On which entry in Part 1 or Part 2 did you Line 4.4 of (Check one):	ou list the original creditor? Part 1: Creditors with Priority Unsecured Clai	me				
	Bayberry Road		Part 2: Creditors with Nonpriority Unsecured					
	ssonville, FL 32256	Last 4 digits of account number	- Part 2. Creditors with Nonphority Onsecured	Ciairis				
Name	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?					
	Third Bank		☐ Part 1: Creditors with Priority Unsecured Clai	ms				
	Kingsley Drive, MD# 1MOC2N		Part 2: Creditors with Nonpriority Unsecured					
Cinc	innati, OH 45263	Last 4 digits of account number						
Name	and Address	On which entry in Part 1 or Part 2 did yo	ou list the original creditor?					
	Oaks Medical Center	Line 4.16 of (Check one):	Part 1: Creditors with Priority Unsecured Clai	ms				
	Winthrop Ave.		Part 2: Creditors with Nonpriority Unsecured	Claims				
Gien	idale Heights, IL 60139	Last 4 digits of account number						

Debtor 1 William N. Bird

Document Page 25 of 51
Case number (if know)

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 42,203.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 42,203.00

		DOGUITIE	III Paue 70 OFST			
Fill in this information to identify your case:						
Debtor 1	William N. Bird					
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)				☐ Check if thi		
				amended fil		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Leticia Cano (Landlord) unknown Wood Dale, IL 60191	Monthly

		Documer	nt Page 27 c	of 51	8/20/18 2:58PN
Fill in this	information to identify your	case:			
Debtor 1	William N. Bird				
D 1 4 0	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	l Form 106H				
	lule H: Your Cod	ebtors			12/15
ill it out, a our name	efiling together, both are equivalent number the entries in the eand case number (if known) you have any codebtors? (If	boxes on the left. Attach is. Answer every question.	the Additional Page t	o this page. On the top of an	
■ No					
☐ Yes	3				
	hin the last 8 years, have you na, California, Idaho, Louisiana,				s and territories include
	Go to line 3. s. Did your spouse, former spou	use, or legal equivalent live	with you at the time?		
in line Form	lumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official olumn 2.	f that person is a guaranto	or or cosigner. Make	sure you have listed the cred	litor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The creditor t Check all schedules that	o whom you owe the debt apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			<u> </u>	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			Schedule E/F, line	
				☐ Schedule G, line	
-	Number Street			_	

State

City

ZIP Code

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Eill	in this information to identify your c	200:				l		
	otor 1 William N. B							
	otor 2 ouse, if filing)							
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS					
(If kr	fficial Form 106l chedule I: Your Inc	ome					ed filing ent showin as of the fo	g postpetition chapter ollowing date: 12/1:
sup spo atta	as complete and accurate as possibly ing correct information. If you use. If you are separated and you ch a separate sheet to this form. 11: Describe Employment	are married and not filing wi	ng jointly, and your sp th you, do not include	ouse i infori	is liv matic	ing with you, incl on about your sp	ude inforn ouse. If mo	nation about your ore space is needed,
1.	Fill in your employment		Debtor 1			Dobtor	or non fi	ling angues
	information. If you have more than one job, attach a separate page with	Employment status	■ Employed □ Not employed			☐ Empl		ling spouse
	information about additional employers.	Occupation	Janitor					
	Include part-time, seasonal, or self-employed work.	Employer's name	VA Hospital					
	Occupation may include student or homemaker, if it applies.	Employer's address	P.O. Box 55122 Madison, WI 5370	5-892	22			
		How long employed t	here? 8 Months	i				
Par	t 2: Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to rep	ort for	any l	ine, write \$0 in the	space. Inc	clude your non-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information f	or all e	emplo	oyers for that perso	on on the li	nes below. If you need
						For Debtor 1		otor 2 or ng spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,109.00	\$	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A

3,109.00

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	William N. Bird	-	C	Case number (if known)				
	Cor	by line 4 here	4.		For Debtor 1 \$ 3,109.00		Debtor n-filing s		
_					Ψ <u>σ,103.00</u>	Ψ_		14/1	_
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a		\$ 667.00	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		\$ 112.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00 \$ 0.00	\$_		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e		\$ 0.00 \$ 0.00	\$_ \$		N/A N/A	_
	5f.	Domestic support obligations	5f.		\$ 516.00	\$ 		N/A	
	5g.	Union dues	5g		\$ 0.00	*-		N/A	_
	5h.	Other deductions. Specify: Thrift Savings Plan	5h			+ \$		N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 1,371.00	\$		N/A	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.			\$ \$			_
			۲.	•	\$1,738.00	Ψ_		N/A	_
8.	List 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	90		\$ 0.00	¢		N/A	
	8b.	Interest and dividends	8a 8b		\$ 0.00 \$ 0.00	\$_ \$		N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce				·			_
	0.1	settlement, and property settlement.	8c.		\$ 0.00	\$_		N/A	_
	8d.	Unemployment compensation	8d		\$ 0.00	\$_		N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e		\$	\$		N/A	<u>-</u>
	OI.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$ 0.00	\$		N/A	
	8g.	Pension or retirement income	8g		\$ 0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	.+	\$ 0.00	+ \$		N/A	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_		N/A	A
10	Cald	culate monthly income. Add line 7 + line 9.	10.	\$	1,738.00 + \$		N/A	= \$	1,738.00
10.		I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	1,730.00 T V		IN/A	-	1,730.00
11.	Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not exify:	depe		•		Schedule 11.		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies					. 12.	\$	1,738.00
13.	Do	you expect an increase or decrease within the year after you file this form	?				,	Combi month	ned ly income
		No.							
	П	Yes, Explain:							

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Fill	n this information to identify your case:					
Debt	tor 1 William N. Bird			Ch	eck if this is:	
Debt	tor 2				An amended filing	ving postpetition chapter
	ouse, if filing)				13 expenses as of	
Unite	ed States Bankruptcy Court for the: NORTHERN	I DISTRICT OF ILLING	DIS		MM / DD / YYYY	
Case	e numbeľ					
(If kr	nown)					
Of	ficial Form 106J					
Sc	hedule J: Your Expense	es				12/15
Be a	as complete and accurate as possible. If two ormation. If more space is needed, attach a ormation. Answer every question.	vo married people are				
Part	Describe Your Household Is this a joint case?					
١.	No. Go to line 2.					
	☐ Yes. Does Debtor 2 live in a separate h	ousehold?				
	. □ No □ Yes. Debtor 2 must file Official Fo		for Separate House	hold of De	ebtor 2.	
2.	Do you have dependents? ☐ No	, ,	•			
۷.	Do not list Dobtor 1 and	out this information for	Dependent's relation	onshin to	Dependent's	Does dependent
	YAS	h dependent	Debtor 1 or Debtor		age	live with you?
	Do not state the					□ No
	dependents names.		Son		12	Yes
						□ No
						☐ Yes
						□ No
						☐ Yes
						□ No
3.	Do your expenses include					☐ Yes
0.	expenses of people other than yourself and your dependents?					
exp	Estimate Your Ongoing Monthly Eximate your expenses as of your bankruptcy enses as of a date after the bankruptcy is folicable date.	y filing date unless yo				
the	ude expenses paid for with non-cash gove value of such assistance and have include icial Form 106I.)				Your exp	enses
4.	The rental or home ownership expenses	for vour residence In	clude first mortages	<u> </u>		
٦.	payments and any rent for the ground or lot.	ioi your residence.	cidde mat mortgage	4.	\$	300.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or renter's ins	surance		4b.		0.00
	4c. Home maintenance, repair, and upkee			4c.		0.00
	 Homeowner's association or condomin 	nium dues		4d.	\$	0.00

5. \$

0.00

Additional mortgage payments for your residence, such as home equity loans

Debtor 1		William N. Bird		Case nun	Case number (if known)			
6.	Utilit	ies:						
٠.	6a.		heat, natural gas	6a.	. \$	0.00		
	6b.	-	wer, garbage collection	6b.		0.00		
	6c.		e, cell phone, Internet, satellite, and cable services	6c.		78.00		
	6d.	Other. Spe		6d.		0.00		
7.			ekeeping supplies	od. 7.	· -			
					·	640.00		
8.			children's education costs	8.	·	0.00		
9.		-	ry, and dry cleaning	9.	· -	170.00		
		-	products and services	10.	·	150.00		
			ntal expenses	11.	. \$	104.00		
12.		•	Include gas, maintenance, bus or train fare.	12.	. \$	250.00		
4.0			ar payments.		·			
			clubs, recreation, newspapers, magazines, and b		·	35.00		
14.	Char	ritable cont	ributions and religious donations	14.	. \$	0.00		
15.		rance.						
			surance deducted from your pay or included in lines		•			
		Life insura		15a.	· -	0.00		
	15b.	Health ins	urance	15b.	. \$	0.00		
	15c.	Vehicle ins	surance	15c.	. \$	80.00		
	15d.	Other insu	rance. Specify:	15d.	. \$	0.00		
16.	Taxe	s. Do not in	clude taxes deducted from your pay or included in lir	nes 4 or 20.				
	Spec	cify:	• • •	16.	. \$	0.00		
17.			ease payments:					
	17a.	Car payme	ents for Vehicle 1	17a.	. \$	0.00		
	17b.	Car payme	ents for Vehicle 2	17b.	. \$	0.00		
	17c.	Other. Spe	ecify:	17c.	. \$	0.00		
	17d.	Other. Spe	ecify:	17d.	. \$	0.00		
18.			of alimony, maintenance, and support that you d		Φ.	0.00		
			your pay on line 5, Schedule I, Your Income (Office		·			
19.			s you make to support others who do not live with	-	\$	468.00		
		cify: Child		19.				
20.			erty expenses not included in lines 4 or 5 of this					
	20a.	Mortgages	s on other property	20a.	. \$	0.00		
	20b.	Real estat	e taxes	20b.	. \$	0.00		
	20c.	Property, I	homeowner's, or renter's insurance	20c.	. \$	0.00		
	20d.	Maintenan	nce, repair, and upkeep expenses	20d.	. \$	0.00		
	20e.	Homeown	er's association or condominium dues	20e.	. \$	0.00		
21.	Othe	r: Specify:			+\$	0.00		
	•	п ороспу.			Ψ	0.00		
22.	Calc	ulate your ı	monthly expenses					
	22a.	Add lines 4	through 21.		\$	2,275.00		
	22b.	Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official	al Form 106J-2	\$			
	22c.	Add line 22	a and 22b. The result is your monthly expenses.		\$	2,275.00		
		, .aao <u></u> .	a and 220 monocantic year memory expenses.			2,270.00		
23.		-	monthly net income.					
	23a.	Copy line	12 (your combined monthly income) from Schedule I	. 23a.	. \$	1,738.00		
	23b.	Copy your	monthly expenses from line 22c above.	23b.	\$	2,275.00		
						, <u> </u>		
	23c.		our monthly expenses from your monthly income.			F37.00		
		The result	is your monthly net income.	23c.	. \$	-537.00		
0.4	D			Uha waan aftan was 1915 - 41.1	- f			
24.			an increase or decrease in your expenses within but expect to finish paying for your car loan within the year or			ase or decrease because of a		
			terms of your mortgage?	чо уой ехрестубит тюпдаде	payment to morea	ise of decrease pecause Of a		
	■ No							
			Contain house					
	☐ Ye	es.	Explain here:					

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Fill in this infor	mation to identify your	case:			
Debtor 1	William N. Bird				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				☐ Check if this is an	
				amended filing	
Official For	m 106Dec				
Declarat	tion About a	n Individual	Debtor's Scl	hedules 12/1	_
Doolara	tion /toodt c	- IIIaiviaaai	DODIO: 0 001	12/1	_
If two married p	eople are filing togethe	r, both are equally respon	nsible for supplying corre	rect information.	
·			,		
	_			. Making a false statement, concealing property, or	
	y or property by traud ii 8 U.S.C. §§ 152, 1341, 1		ruptcy case can result in	n fines up to \$250,000, or imprisonment for up to 20	
,	33,,				
Sig	n Below				
					_
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
■ No					
□ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice,	
ப . 55.				Declaration, and Signature (Official Form 119	
				<u>-</u> .	

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and

Official Form 106Dec

Signature of Debtor 2

Date

that they are true and correct.

Date August 20, 2018

X /s/ William N. Bird

William N. Bird Signature of Debtor 1 Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 Desc Main Document Page 33 of 51 Page 33 of 51

Fil	ll in this inform	ation to identify you	r case:							
De	ebtor 1	William N. Bird								
_	.h.t O	First Name	Middle Name	Last Name						
1 -	ebtor 2 oouse if, filing)	First Name	Middle Name	Last Name						
Un	nited States Ban	kruptcy Court for the:	NORTHERN DISTRICT O	F ILLINOIS						
Ca	ase number									
1	known)				_	Check if this is an				
						amended filing				
_	· · · · -	4.07								
	fficial For		A ((
			Affairs for Individ			4/1				
			ible. If two married people ar attach a separate sheet to t							
). Answer every que			, and the goal, and goal					
Pa	art 1: Give De	etails About Your Ma	arital Status and Where You	Lived Before						
1.	What is your	current marital statu	ıs?							
	☐ Married■ Not marri	ied								
2.	During the las	During the last 3 years, have you lived anywhere other than where you live now?								
	□ No									
	Yes. List	all of the places you I	ived in the last 3 years. Do not	t include where you live now						
	Debtor 1 Price	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there				
	440 Sycam Roselle, IL		From-To: 2013 To 2015	☐ Same as Debtor 1		☐ Same as Debtor 1 From-To:				
3.			ver live with a spouse or lega							
sta	tes and territorie	es include Arizona, Ca	lifornia, Idaho, Louisiana, Nev	ada, New Mexico, Puerto Ri	co, rexas, wasnington and v	visconsin.)				
	■ No									
		ke sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Off	icial Form 106H).						
Pa	art 2 Explain	the Sources of You	r Income							
4.	Did you have	any income from er	nployment or from operating	a a business during this ve	ear or the two previous cale	ndar vears?				
	Fill in the total	amount of income yo	u received from all jobs and al have income that you receive	I businesses, including part-	time activities.	,				
	□ No									
	Yes. Fill i	in the details.								
			Debtor 1		Debtor 2					
			Sources of income	Gross income	Sources of income	Gross income				
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)				
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips					

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Operating a business

Official Form 107

☐ Operating a business

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Case number (if known) Document Debtor 1 William N. Bird

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
		ndar year: December :	31, 2017)	■ Wages, commissions, bonuses, tips	\$1,127.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
		ndar year bef December :		■ Wages, commissions, bonuses, tips	\$19,000.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	business	
	winnings. List each No	If you are fili	ng a joint cas	pensions; rental income; inter le and you have income that y large from each source separa	ou received together, list it o	nly once under De	ebtor 1.	J
				Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
		ndar year: December :	31, 2017)	Unemployment	\$8,280.00			
		ndar year bef December :		Unemployment	\$6,000.00			
		1 October Dec		Mada Dafana Van Eilad fan I	D1			
Pal		,		Made Before You Filed for				
6.	Are eithe □ No.	Neither De	btor 1 nor D	's debts primarily consumer bebtor 2 has primarily consu personal, family, or househol	ımer debts. Consumer debts	s are defined in 11	U.S.C. § 101	(8) as "incurred by an
		During the No.	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a tota	l of \$6,425* or mo	re?	
		☐ Yes * Subject t	paid that cre not include	each creditor to whom you pai editor. Do not include paymer payments to an attorney for th t on 4/01/19 and every 3 years	nts for domestic support oblig nis bankruptcy case.	ations, such as ch	ild support ar	nd alimony. Also, do
	■ Yes.			r both have primarily consure you filed for bankruptcy, di		of \$600 or more?		
		■ No.	Go to line 7					
		□ _{Yes}	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor	's Name and	l Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	ayment for

Debtor 1 William N. Bird

Document Page 35 of 51
Case number (if known)

7.	Within 1 year before you filed for bankrupture insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any ger control, or owner of 20% of	neral partners; partners partners or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
	■ No					
	☐ Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupte insider? Include payments on debts guaranteed or cos	.,	ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt. List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	cy, were you a party in ar				
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below. No. Go to line 11.		erty repossessed, f	oreclosed, garnis	hed, attached	I, seized, or levied?
	Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property Explain what happene	d.	Date		Value of the property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.	otcy, did any creditor, inc		nancial institution	, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	e creditor took		action was	Amount
12.	 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes 					
Pai	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	otcy, did you give any gift	s with a total value	of more than \$60	0 per person'	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					

Deb	otor 1 William N. Bird	Document	Page 36 of 51	e number (if known)	
	William W. Sila				
14.	Within 2 years before you filed for ban		y gifts or contributions v	vith a total value of more than	\$600 to any charity
	Yes. Fill in the details for each gift o				
	Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP C		at you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
	Within 1 year before you filed for bank or gambling?	ruptcy or since you filed	for bankruptcy, did you	lose anything because of the	ft, fire, other disaste
	■ No □ Yes. Fill in the details.				
	Describe the property you lost and	Describe any insuran	ce coverage for the loss		Value of property
	how the loss occurred		t insurance has paid. List e 33 of <i>Schedule A/B: Pro</i>		los
Par	List Certain Payments or Transfe	ers			
	consulted about seeking bankruptcy of Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if No	n preparers, or credit coun Description a transferred			Amount o paymen
	David M. Siegel & Associates 790 Chaddick Drive Wheeling, IL 60090	Attorney Fe	es	5/13/17- 8/8/18	\$1,065.00
17.	Within 1 year before you filed for bank promised to help you deal with your component or transfer the No Yes. Fill in the details.	reditors or to make paym		half pay or transfer any prope	erty to anyone who
	Person Who Was Paid	Description	and value of any property	y Date payment	Amount o
	Address	transferred	nd value of any property	or transfer was made	paymen
	Within 2 years before you filed for ban transferred in the ordinary course of y Include both outright transfers and transfinclude gifts and transfers that you have a No	your business or financia ers made as security (such	I affairs? n as the granting of a secu		
	Yes. Fill in the details.	.			.
	Person Who Received Transfer Address	Description a property tran	sferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

Property Sold

Person's relationship to you Bona-Fide Purchaser

715 N. Vista Dr.

Algonquin, IL 60102

3/2016

Debtor received \$30,000

all went to Lawyer Fees.

Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 Desc Main

8/20/18 2:58PM Page 37 of 51 Document ase number (if known) Debtor 1 William N. Bird **Person Who Received Transfer** Description and value of Describe any property or Date transfer was Address property transferred payments received or debts made paid in exchange Person's relationship to you 12/2017 **Bonafied Purchaser** 1994 Chevrolet Camero \$2,400.00 Unknown Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Nο Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code) moved, or transfer transferred XXXX-8/16 \$100.00 Fifth Third Bank Checking 38 Fountain Square Plaza (NEGATIVE) □ Savings MD 1 Com 64 ☐ Money Market Cincinnati, OH 45263-0001 □ Brokerage □ Other Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, have it? Address (Number, Street, City, State and ZIP Code) State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No

Yes. Fill in the details.
Name of Storage Facility

Address (Number, Street, City, State and ZIP Code)

Who else has or had access

Address (Number, Street, City,

State and ZIP Code)

to it?

Describe the contents

Do you still

have it?

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Par	t 9: Identify Property You Hold or Control for S	Someone Else				
23.	Do you hold or control any property that someofor someone.	ne else owns? Include any proper	ty you borrowed from, are storing for	r, or hold in trust		
	■ No □ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value		
Par	t 10: Give Details About Environmental Informa	ation				
For	the purpose of Part 10, the following definitions	apply:				
	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	-	law, whether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environr hazardous material, pollutant, contaminant, or s		s waste, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	they occurred.			
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of any release of hazardous material?					
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.					
	■ No					
	☐ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	t 11: Give Details About Your Business or Con	nections to Any Business				
27.	Within 4 years before you filed for bankruptcy, d	did vou own a business or have an	v of the following connections to an	v business?		
	☐ A sole proprietor or self-employed in a to	•		,		
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing executi	ive of a corporation				
	☐ An owner of at least 5% of the voting or equity securities of a corporation					

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Case number (if known) Document

ı	No. None of the above applies. Go to	Part 12.	
ı	☐ Yes. Check all that apply above and fil	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
		·	Dates business existed
	Nithin 2 years before you filed for bankrup nstitutions, creditors, or other parties.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
I	■ No □ Yes. Fill in the details below.		
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Part	12: Sign Below		
are tr with a 18 U.S	ue and correct. I understand that making a a bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571.		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.
	Villiam N. Bird iam N. Bird	Signature of Debtor 2	
	ature of Debtor 1	5. 5	
Date	August 20, 2018	Date	
Did y	ou attach additional pages to <i>Your Statem</i>	ent of Financial Affairs for Individuals Filin	g for Bankruptcy (Official Form 107)?
■ No			
☐ Ye	es		
Did y	ou pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	y forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Debtor 1 William N. Bird

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ill in this infor	rmation to identify your	case:		
Debtor 1	William N. Bird			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this
				amended fil

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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		Document	Page 41 of 51	

Debtor 1 William N. Bird			Case number (if known)		
na	ıme:		☐ Retain the property and redeem it.☐ Retain the property and enter into a	☐ Yes	
De	escription of		Reaffirmation Agreement.		
pro	operty		☐ Retain the property and [explain]:		
se	curing debt:		-		
Part	2: List Your U	nexpired Personal Property Lease	25		
or and the	ny unexpired per information belo	sonal property lease that you list bw. Do not list real estate leases.	ed in Schedule G: Executory Contracts and Unexpired leases are leases that are still in e if the trustee does not assume it. 11 U.S.C. §	effect; the lease period has not yet ended.	
Desc	cribe your unexp	ired personal property leases		Will the lease be assumed?	
Less	or's name:	Leticia Cano (Landlord)		□ No	
				■ Yes	
Desc Prop	cription of leased erty:	Monthly			
Part :	3: Sign Below				
		ıry, I declare that I have indicated ct to an unexpired lease.	my intention about any property of my estate	e that secures a debt and any personal	
X	/s/ William N. E	Bird	X		
	William N. Bird Signature of Debt	<u>-</u>	Signature of Debtor 2		
	Date Augus	st 20, 2018	Date		

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Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

8/20/18 2:58PM

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-23487 Doc 1 Filed 08/20/18 Entered 08/20/18 14:59:59 Desc Main Document Page 46 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In r	e William N. Bird	ı		Case No.		
			Debtor(s)	Chapter	7	
	DISC	CLOSURE OF CO	OMPENSATION OF ATTO	RNEY FOR DE	EBTOR(S)	
1.	compensation paid to	me within one year before	P. 2016(b), I certify that I am the attore the filing of the petition in bankruptcy aplation of or in connection with the ba	y, or agreed to be paid	to me, for services rendered or to	
					1,065.00	
			eceived		1,065.00	
	Balance Due			\$	0.00	
2.	The source of the con	npensation paid to me was:	:			
	Debtor	☐ Other (specify):				
3.	The source of comper	nsation to be paid to me is:				
	Debtor	☐ Other (specify):				
4.	■ I have not agreed	to share the above-disclos	sed compensation with any other persor	n unless they are mem	bers and associates of my law firm.	
			compensation with a person or persons of the names of the people sharing in th			
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	b. Preparation and fitc. Representation ofd. [Other provisionsNegotiation	ling of any petition, schedu the debtor at the meeting of as needed] ns with secured credit	and rendering advice to the debtor in de ules, statement of affairs and plan whic of creditors and confirmation hearing, a cors to reduce to market value; ex needed; preparation and filing of	ch may be required; and any adjourned hear cemption planning;	rings thereof;	
		of liens on household		•		
6.	Representa		closed fee does not include the followin any dischargeability actions, judroceeding.		es (except in Chapter 13	
			CERTIFICATION			
this	I certify that the foreg bankruptcy proceeding		ent of any agreement or arrangement fo	or payment to me for re	epresentation of the debtor(s) in	
_	August 20, 2018		/s/ David M. Sieg	gel		
	Date		David M. Siegel Signature of Attorn	iev		
			David M. Siegel			
			790 Chaddick Dr Wheeling, IL 600 (847) 520-8100			

Name of law firm

Chapter 7 Bankruptcy Retainer Agreement

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
 - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
 - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
 - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
 - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

Important Bankruptcy Information

Debts that are Discharged

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

Debts that are Not Discharged

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

a) Debts for most taxes;

H.

- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

The FLAT FEE for representation in this matter will be \$_//_/OO.

Client acknowledge that he or she has read this agreement in its entirety, understands it fully, has had an

	ng this agreement, is satisfied with it, and accepts it in its entirety. Signed: William N Bud
Date:	Signed: William IV DUS
	Print: William N Bird
	•
Date:	Signed:
	Print:
Date:	Signed:

Attorney for David M. Siegel

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United States Bankruptcy Court Northern District of Illinois

		Not then District of Infinits		
In re	William N. Bird		Case No.	
		Debtor(s)	Chapter	7
	VI	ERIFICATION OF CREDITOR N	MATRIX	
		Number of	f Creditors:	22
	The above-named Debtor(s (our) knowledge.) hereby verifies that the list of credi	itors is true and	correct to the best of my

ABBHH Outpatient Group Patrice 1786 Moon Lake Blvd Hoffman Estates, IL 60169-5029

Adventist Glenoaks Hospital PO Box 9247 Oakbrook, IL 60522-9247

Alexian Brothers Medical Center 800 Biesterfield Rd. Elk Grove Village, IL 60007

Alliance Labortory Physicians Ltd PO Box 5968 Carol Stream, IL 60197-5968

AT&T Bankruptcy Department 5407 Andrew Highway Midland, TX 79706

Capital One Bankruptcy Dept. PO Box 30281 Salt Lake City, UT 84130-0281

Center For Adult Healthcare, SC PO Box 6365 Bloomingdale, IL 60108

Discover Financial Services PO Box 15316 Wilmington, DE 19850

Edward Hines Jr. VA Hospital PO Box 5000-136C Hines, IL 60141-1489

Elk Grove Radiology S.C. PO Box 4543 Carol Stream, IL 60197-4543

ERC 8014 Bayberry Road Jacksonville, FL 32256 Fifth Third Bank 38 Fountain Square Plaza MD 1 Com 64 Cincinnati, OH 45263-0001

Fifth Third Bank 5050 Kingsley Drive, MD# 1MOC2N Cincinnati, OH 45263

Glen Oaks Medical Center 701 Winthrop Ave. Glendale Heights, IL 60139

HCFS Healthcare Financial Service 3429 Regal Dr. Alcoa, TN 37701

Life Storage #548 2301 W. Algonquin Rd. Algonquin, IL 60102

Midwest Emergency Associaties c/o ARS PO Box 459079 Sunrise, FL 33345-9079

Sassetti LLC 6611 W. North Ave. Ste. 105 Oak Park, IL 60302

St. Alexius Medical Center 1555 N. Barrington Rd. Hoffman Estates, IL 60169

Tracey L. Rytina 21613 W. Engle Drive Lake Villa, IL 60046

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